Summary Sheet (Form RF-3)

Cha	ange in Company's premium or rate level produced	I by rate revision effective	<u>June 15, 200</u> 5
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners	5,635,015	+ 3.3%
	Line of Insurance		
Do	es filing only apply to certain territory (territories) or	certain classes? If so, spe	ecify:
	No		
Brid	ef description of filing. (If filing follows rates of an a		
	Adopting ISO's CG-2004-BGL2, GL-2004-IALL1,		
	We have also revised package modifications. We		
	and CB-7235. Also added rating logic for CB-040	b, CB-0418, CB-7028, CB-	7061 and CB-/144.

* Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR

MAY - 2 2005

SPRINGFIELD, ILLINOIS

ACUITY, A Mutual Insurance Company
Name of Company

Diane Udovich
Regulatory Filing Technician
Official - Title

FORM (RF-3)

Annual Premium Percent Coverage Volume (Illinois)* Change (+ or -)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Wilti-Peril Copy Hail Copy Hail Copy Granization of filing. (If filing follows rates of an advisory Drganization, specify organization): Camper Rate and Rule Revision American Family Mutual Ins. of Name of Company American Family Mutual Ins. of Name of Company Difficial - Title James P. Meyer, ACP, AIM	Effective September 1, 20 (1)	(2)	(3)
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Bioler and Machinery Fire Endougher Coverage Inland Marine Homeowners Cother Campers Sefs2,583 Sefs2,583 As7% Coes filing only apply to certain territory (territories) or certain classes? No foo, specify: Camper Rate and Rule Revision AMERICAN FAMILY MUTUAL INS. On Name of Company AMERICAN FAMILY MUTUAL INS. On Name of Company	<u>Coverage</u>		Percent <u>Change (+ or -)**</u>
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Bioler and Machinery Fire Endougher Coverage Inland Marine Homeowners Cother Campers Sefs2,583 Sefs2,583 As7% Coes filing only apply to certain territory (territories) or certain classes? No foo, specify: Camper Rate and Rule Revision AMERICAN FAMILY MUTUAL INS. On Name of Company AMERICAN FAMILY MUTUAL INS. On Name of Company	1. Automobile Liability		
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers Sefet description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. On Name of Company Junta P. Wuyn Official - Title James P. Meyer, ACP, AIM			
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Conserved Multi-Peril Commercial Multi-Peril Commercial Multi-Peril Fire Conserved Multi	· ·		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Conserved Multi-Peril Commercial Multi-Peril Commercial Multi-Peril Fire Conserved Multi			
Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Concept Extended Coverage Inland Marine Letter Campers Commercial Multi-Peril Corp Hail Corp Hail Corp Hail Corp Hail Corp Gampers Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coes filing only apply to certain territory (territories) or certain classes? No fiso, specify: Coefficied Company Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. Oname of Company Gofficial - Title James P. Meyer, ACP, AIM	•		
Burglary and Theft Glass Fice Glass Fice Solier and Machinery Fire Description of filing. (If filing follows rates of an advisory Organization, specify organization): *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. Of Solies P. Meyer, ACP, AIM Official - Title James P. Meyer, ACP, AIM	· ·		
Burglary and Theft Glass Fice Glass Fice Solier and Machinery Fire Description of filing. (If filing follows rates of an advisory Organization, specify organization): *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. Of Solies P. Meyer, ACP, AIM Official - Title James P. Meyer, ACP, AIM	3. Liability Other Than Auto		
Glass Fidelity Surety Brief Boiler and Machinery Fire Description of filing. (If filing follows rates of an advisory Organization, specify organization): *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. On Name of Company AMERICAN FAMILY MUTUAL INS. On Name of Company Digames P. Meyer, ACP, AIM Official - Title James P. Meyer, ACP, AIM	•		
7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. ON Name of Company Junt P. Wuyn Official - Title James P. Meyer, ACP, AIM	~ ·		·
7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. ON Name of Company Junt P. Wuyn Official - Title James P. Meyer, ACP, AIM	6. Fidelity		
8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$ 652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. On Name of Company Official - Title James P. Meyer, ACP, AIM	,		
9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Drganization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. (Name of Company Official - Title James P. Meyer, ACP, AIM			
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. O Name of Company Juni, P. Weyn Official - Title James P. Meyer, ACP, AIM	9. Fire		
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. O Name of Company Juni, P. Weyn Official - Title James P. Meyer, ACP, AIM	10. Extended Coverage		
3. Commercial Multi-Peril 4. Crop Hail 5. Other Campers \$652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. ON Name of Company Official - Title James P. Meyer, ACP, AIM	11. Inland Marine		
4. Crop Hail 5. Other Campers \$ 652,583 -8.7% Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. On Name of Company Official - Title James P. Meyer, ACP, AIM	12. Homeowners		
Some Some Society: Some Society: S	13. Commercial Multi-Peril		
Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Drganization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. ON Name of Company Official - Title James P. Meyer, ACP, AIM			
Does filing only apply to certain territory (territories) or certain classes? No f so, specify: Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Camper Rate and Rule Revision *Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. (Name of Company) Official - Title James P. Meyer, ACP, AIM	14. Crop Hail		
*Change in Company's premium level which will result from application of new rates. AMERICAN FAMILY MUTUAL INS. (Name of Company Official - Title James P. Meyer, ACP, AIM	15. Other <u>Campers</u>		
AMERICAN FAMILY MUTUAL INS. ON Name of Company Official - Title James P. Meyer, ACP, AIM	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol	ory (territories) or certain clas	ses? No
Name of Company Official - Title James P. Meyer, ACP, AIM	Does filing only apply to certain territors of so, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters.	ory (territories) or certain clas lows rates of an advisory Camper Rate and Rule Revisi	ses? No
Name of Company Official - Title James P. Meyer, ACP, AIM	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters are company's premium level.	lows rates of an advisory Camper Rate and Rule Revisi	ses? No
Official - Title James P. Meyer, ACP, AIM	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters are company's premium level.	lows rates of an advisory Camper Rate and Rule Revisi nges. el which will	ses? No
James P. Meyer, ACP, AIM	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters are company's premium level.	lows rates of an advisory Camper Rate and Rule Revisi nges. el which will . AMERICAN F	on AMILY MUTUAL INS. C
James P. Meyer, ACP, AIM	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters are company's premium level.	lows rates of an advisory Camper Rate and Rule Revisi nges. el which will . AMERICAN F	on AMILY MUTUAL INS. C
· · · · · · · · · · · · · · · · · · ·	Does filing only apply to certain territors, specify: Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate characters are company's premium level.	lows rates of an advisory Camper Rate and Rule Revisi nges. el which will . AMERICAN F	on AMILY MUTUAL INS. C Name of Company
Senior Pricing Analyst/Filings	Brief description of filing. (If filing fol Organization, specify organization): *Adjusted to reflect all prior rate chark**Change in Company's premium level	lows rates of an advisory Camper Rate and Rule Revisi nges. el which will . AMERICAN F	on AMILY MUTUAL INS. C Name of Company Uyn Official - Title

	nium or rate level produced b	y rate revision
effective September 1, 200 (1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril	•	
•		
14. Crop Hail 15. Other Campers	\$ 20,626	- 8.7%
Line of Insurance	\$ 20,020	- 0.7 /6
Line of histilance		•
Does filing only apply to certain territo	ry (territories) or certain class	ses? No
If so, specify:		
Brief description of filing. (If filing foll		
organization, specify organization):	Camper Rate and Rule Revision	on.
*Adjusted to reflect all prior rate chan		
**Change in Company's premium leve		
result from application of new rates.		
	AMERICAN S	TANDARD INS. CO. OF WI
	N	Name of Company
•	(). D 214	\$1.1a
	James P. W	
		Official - Title

JAMES P. MEYER, ACP, AIM Sr. Pricing Analyst/Filings

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		, ,
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		·
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractor Liab Line of Insurance	190,116	6.4 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

* Adjusted to reflect all prior rate changes

The Charter Oak Fire Insurance Company

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Second Vice President
Official - Title

SPRINGFIELD, ILLINOIS

MAY 1 8 2005

^{**} Changes in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR MAY 2 4 2005 Form (RF-3) **\$**UMMARY SHEET Change in Company's profile representation of the company's profile representation of 06/01/05 (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1,868,600 -3.6% 15. Other Liquor Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rule and Rate changes for Liquor Liability Program.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



First Financial Insurance Company
Name of Company

Charles S. Whiffen, Asst. Secretary
Official - Title

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	July 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
4 A		
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	····	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other General Liability	\$5,912,835	+4.2%
Line of Insurance		
Does filing only apply to certain territory (territory An Earlier RF3. The		
Brief description of filing. (If filing follows rate Adoption of revised ISO loss costs/rules.	s of an advisory organization, specify or	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	s.
	Greenwi	ch Insurance Company
		Name of Company
	Richard C. Swans	son, Senior State Filings Analyst
		Official – Title



	/DE	0
Form	KRF.	. T

٠,

	(1)	(2)	(3)	
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percen <u>Change (+ c</u>	
•	Automobile Liability Private Passenger Commercial			
!.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
١.	Burglary & Theft			
5.	Glass			
3 .	Fidelity			
7.	Surety		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	7
١.	Boiler & Machinery		RECEIVED	
	Fire		MAY 0 4 2005	-
Ο.	Extended Coverage			
1.	Inland Marine	L	SPRINGFIELD, ILLINOIS	
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Worker's Compensation			
6.	Other: Mobile Homeowners Line of Insurance	\$9,058 (12-31-2004)	0%	
	ling only apply to certain territory pecify:	(territories) or certain classes	? <u>No</u>	
ef d	escription of filing. (If filing follows	s rates of an advisory organiza	ation, specify organization):	Revis

IMT Insurance Company (Mutual)
Name of Company

^{*}Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium Yolume (Illinois)*	(3) Percent Change (+ or -)
4 & 1	_	- VARIANCE) AMMANDA J	viente (), VI ,
	mobile Liability Private		
	ssenger Commercial		
	mobile Physical Damage		
	ivate Passenger Commercial ility Other Than Auto	91,517	1 17 50/
	ility Other Than Auto Apple Special	91,517	十 17.5%
5. Glas			
6. Fide			
7. sure	•		<u></u>
	er and Machinery		-
9. Fire	er and Machinery		
	nded Coverage		
	nd Marine		
	neowners		
	nmercial Multi-Peril		
14. Crop			
15. Othe		417,091	+ 16.6%
0. 0	Line of Insurance		
es filinç	only apply to certain territory (te	rritories) or certain classes? If so, specify	y: <u>No</u>
ef desc	ription of filing . (If filing follows ra	rritories) or certain classes? If so, specify ates of an advisory organization, specify cand Medical Malpractice Coverages	
ef desc This	ription of filing . (If filing follows rais a policy that provides both GL ed to reflect all prior rate changes.	ates of an advisory organization, specify o and Medical Malpractice Coverages	organization):
ief desc This	ription of filing . (If filing follows rais a policy that provides both GL ed to reflect all prior rate changes.	ates of an advisory organization, specify of and Medical Malpractice Coverages ich will result from application of new rate	organization):
ief desc This	ription of filing . (If filing follows rais a policy that provides both GL ed to reflect all prior rate changes.	ates of an advisory organization, specify of and Medical Malpractice Coverages ich will result from application of new rate	organization):
ef desc This	ription of filing . (If filing follows rais a policy that provides both GL ed to reflect all prior rate changes.	ates of an advisory organization, specify of and Medical Malpractice Coverages ich will result from application of new rate The Medical F Name	organization): es. Protective Company
ef desc This	ription of filing . (If filing follows ratio a policy that provides both GL and to reflect all prior rate changes in Company's premium level when the company lev	ates of an advisory organization, specify of and Medical Malpractice Coverages ich will result from application of new rate The Medical F Name	es. Protective Company of company Compliance Specialis

12/24/04

Change in Company's premium or rate level produced by rate revision effective

(1)	(2) Annual Premium	(3) Percent
Coverag <u>e</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage	-	
Private Passenger		
Commercial		
3. Liability Other Than Auto	\$963,000	+15% + 0.15
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		<u> </u>
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Medical Mal Dractice &)	
Line of Insurance		
Does filing only apply to certain territory (territories) or Applies to all territories.	certain classes? If so, specify:	
Brief description of filing. (If filing follows rates of an a Base rate increase of 15%.)	advisory organization, specify orga	nization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

NOV 2 2 2004

National Union Fire Insurance Co Name of Company

Carol Elliston/Filings Analyst Official-Title

H29219D

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractor Liab	50,661	4.8 %
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

Second Vice President

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 1 8 2005

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractor Liab	262,892	4.1 %
	Line of Insurance		-

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

MAY 1 8 2005

SPRINGFIELD, ILLINOIS

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company Name of Company

Second Vice President
Official - Title

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	, ,	
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		***************************************
14.	Crop Hail		
15.	Other Contractor Liab	49,896	- 3.3 %
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

The Travelers Indemnity Company of Ameri	ca
Name of Company Heffice	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED MAY 1 8 2005
Second Vice President Official - Title	SPRINGFIELD, ILLINOIS

^{*} Adjusted to reflect all prior rate changes
** Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11. Inland Marine			
12.	Homeowners		
13.	3. Commercial Multi-Peril		
14.	Crop Hail	· · · · · · · · · · · · · · · · · · ·	
15.	Other Contractor Liab Line of Insurance	131,655	6.3 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

* Adjusted to reflect all prior rate changes

The Travelers Indemnity Company of Connecticut

Name of Company

Name of Company

Second Vice President

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 1 8 2005

^{**} Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 07/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	, , , , , , , , , , , , , , , , , , ,	· · ·
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	. Inland Marine		
12.	2. Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Contractor Liab Line of Insurance	187,164	6.2 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Property Casualty Company of America

Name of Company

Second Vice President

Official - Title

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MAY 1 8 2005

	Change in Company's premium or rate	level produced by rate revision effective	8/1/2005 New Business 10/1/2005 Renewals
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Umbrella	\$1,671,508	5.6%
	Line of Insurance		
Does i	filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
;		rates of an advisory organization, specify ting Plan charges for Apartments/Condom Pools.	
	djusted to reflect all prior rate changes hange in Company's premium level wl	i. nich will result from application of new rat	tes.
		Truck Insurance Exch	nange
			of Company
		\	A
	THE WALL OF THE URANCE	Paul Bruemmer	
	L DIXITIAS LITING TO	Commercial Pricing	Director
	MECHI		cial - Title
H292	19D	1	

Form (RF-3)

SUMMARY SHEET

1	Change in C	Company's premium or rat	te level produced by rate revision effective	7-1-05
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		ile Liability Passenger rcial		
2.		ile Physical Damage Passenger rcial		
3.		Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler an	d Machinery		
9.	Fire			
10.		Coverage		
11.	Inland M	arine		
12.	Homeow	ners		
13.	Commerc	cial Multi-Peril		
14.	Crop Hai	1		
15.	Other	Commercial Umbrella	7,640,531	- 0.3 %
		Line of Insurance		
	iling only a Cover Letter		territories) or certain classes? If so, specify:	
	description of Cover Letter		rs rates of an advisory organization, specify o	organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	July 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		, , , , , , , , , , , , , , , , ,
14. Crop Hail		
15. Other General Liability	\$8,539,039	-24.0%
Line of Insurance	40,000,000	
Does filing only apply to certain territory (te Brief description of filing. (If filing follows rai	· · · · · · · · · · · · · · · · · · ·	
Adoption of revised ISO loss costs/rules.	o o an action, o gament, opening	
Th	is is a revision on the Effect	five date
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rates	3 .
	VI lea	uranas Amarias Inc
		surance America, Inc. Name of Company
		rame of company
	Richard C. Swan	son, Senior State Filings Analyst
		Official – Title

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